

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SAFE DRINKING WATER**NON-TRANSIENT NON-COMMUNITY WATER SYSTEMS  
INSPECTION REPORT**THIS IS THE ONLY FORM ACCEPTABLE TO THIS OFFICE-----**General Information**-----

\*If system is a new non-transient water system, please record "new system" and complete Capacity Section below.

\*PWS ID# \_\_\_\_\_

Inspection Date \_\_\_\_\_

Municipality \_\_\_\_\_

County \_\_\_\_\_

**Reason for Inspection** – Circle all reasons that apply: (If reason is 2 or 3, attach enforcement actions, ie. NOV's, Settlements, etc.)

1. Routine      2. MCL Follow-up      3. SNC Follow-up      4. Deactivation      5. Reactivation  
 6. Reclassification to: *Community Water System* [ ]    *Transient Water System* [ ]    *Non-public Water System* [ ]

-----**Location Information**-----

System Name/Contact Person: \_\_\_\_\_ Phone# (      ) \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax# (      ) \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

-----**Owner Information**-----

(Owner is responsible for sampling requirements &amp; notification of any system changes to State &amp; County Agencies)

Owner Name/Contact Person: \_\_\_\_\_ Phone # (      ) \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

-----**Source/Treatment/Operator Information**-----

(Note: if more than one (1) well, attach drawing to indicate well relationship, such as TP, CH, WL)

Well information [Depth (ft), Diameter (in), Pumping Capacity (gpm)]: \_\_\_\_\_

Location: \_\_\_\_\_

Does the water system provide treatment? (Y or N) If yes, list applicable all Treatment Code(s) that apply:

List deficiency(ies) with N.J.A.C. 7:10-12: \_\_\_\_\_

Name of Licensed Operator: \_\_\_\_\_ Phone # (      ) \_\_\_\_\_

Licenses Held: \_\_\_\_\_ Licenses Required [NJAC 7:10A-1.10(a)]: \_\_\_\_\_

-----**System Service Characteristics**-----

Type of Business: \_\_\_\_\_ Number of Buildings Served: \_\_\_\_\_

Population: Transient Population # \_\_\_\_\_ Non-Transient Population # \_\_\_\_\_ Open/Close Date \_\_\_\_\_

**Caution 1:** Does the water system provide water to at least 25 people for more than 60 days per year? (Y or N)

If no, the water system is non-public and is under the jurisdiction of the local health authority.

**Caution 2:** Does the water system provide water to at least the same 25 people daily for at least 6 months? (Y or N)

If no, the water system is a transient non-community water system.

-----**Capacity Requirements for New Systems - Applicability of NJAC 7:10-13.1 et seq.**-----

(If the answer is yes to either question, the system must undergo a TMF evaluation.)

Is the new non-transient system a result of new construction (after August 21, 2000)? (Y or N) Construction Date \_\_\_\_\_Is the new non-transient system a result of an expanded infrastructure (ie.wells) to service an increase in population? (Y or N)

**INSTRUCTIONS TO THE INSPECTOR**  
**NON TRANSIENT NON COMMUNITY PUBLIC WATER SYSTEM**

General - For general instructions on how to complete the Non-Transient Non-Community Public Water System Inspection Report, please refer to the instructions provided for the TRANSIENT NON-COMMUNITY WATER SYSTEM INSPECTION REPORT. Any questions contact the Bureau of Safe Drinking Water (BSDW) at (609) 292-5550.

Monitoring Requirements - The following checklist must be completed at the time of the inspection and so noted:

1. Status of the microbiological sampling over the last four calendar quarters:
  - (a) Has the system performed all routine monitoring? **(Y or N)**
  - (b) Are positive coliform test results promptly followed by repeat samples (4 minimum)? **(Y or N)**
  - (c) Is a minimum of five samples collected in the month following the initial positive samples(s)? **(Y or N)**
2. Status of Nitrate and Nitrite sampling history over the past 3 years:
  - (a) Are the annual Nitrate and one time Nitrite results satisfactory? **(Y or N)**
  - (b) Is the Nitrate result from recent sampling equal to or greater than 50% of the MCL? **(Y or N)** If yes, is the system on quarterly monitoring? **(Y or N)** Date quarterly sampling initiated \_\_\_\_\_.
  - (c) Is the system now determined to be reliably & consistently below the MCL (annual monitoring)? **(Y or N)**
3. Status of Volatile Organic Chemicals (VOC) sampling results:
  - (a) Has the system completed initial monitoring of four consecutive quarterly samples? **(Y or N)**
  - (b) Was a VOC waiver issued by the BSDW to the water system for all entry points? **(Y or N)**
  - (c) Is the water system in compliance with the waiver requirement(s)? **(Y or N)**
4. Status of Lead (Pb) and Copper (Cu) sampling results:
  - (a) Did the system meet the Pb & Cu action levels during two consecutive six-month periods? **(Y or N)**  
 Dates sampled \_\_\_\_\_.
  - (b) Is the system conducting reduced annual monitoring (between June 1 & September 30)? **(Y or N)**
  - (c) Is the system on a grand reduction for Pb & Cu monitoring? **(Y or N)**
  - (d) Did the system exceed the Pb/Cu action levels during the most recent test? **(Y or N)** If yes, did the system:
    - \* Complete Public Education \_\_\_\_\_ and recommended corrosion control treatment to the BSDW \_\_\_\_\_.
    - \* Implement corrosion control treatment \_\_\_\_\_ and resume semi annual Pb & Cu monitoring \_\_\_\_\_.
5. Status of Inorganics (IOC) sampling results:
  - (a) Has monitoring for IOCs been performed during the current monitoring period (ie. 2002-2004)? **(Y or N)**
6. Status of Asbestos sampling results:
  - (a) Did the system sample for Asbestos at source/distribution during Jan. 1, 2002 - Dec. 31, 2004? **(Y or N)**
  - (b) Did the system receive an asbestos monitoring waiver for the current monitoring period? **(Y or N)**
7. Status of Synthetic Organic Chemicals (SOCs) sampling results:
  - (a) Did the system conduct quarterly monitoring for SOCs between Jan. 1, 2002 and Dec. 31, 2004? **(Y or N)**
  - (b) Did the system submit a vulnerability questionnaire and received a waiver for SOCs? **(Y or N)**
8. Did the system perform Public Notification for all MCL violations? **(Y or N)**
9. Has a Notice of Violation (NOV) been issued for any violations identified in any items above (1 through 8)? **(Y or N)**  
 If yes, is a copy of the NOV attached to this inspection report? **(Y or N)**
10. Have all monitoring requirements been fully reviewed and explained to the water purveyor? **(Y or N)**
11. Status of Disinfectant/Disinfection Byproduct sampling: Note: does the system serve <10,000 and add a disinfectant? **(Y or N)**  
 If Yes, then:  
 Was the yearly DBP sample conducted between July 1<sup>st</sup> and September 30th? **(Y or N)**  
 Were disinfection residuals collected at the same time and location as coliform samples? **(Y or N)**  
 Was the MCL exceeded? (Y or N) If Yes, did the system begin quarterly monitoring? **(Y or N)** Date Sampling began \_\_\_\_\_

-----**Signatures**-----

PERSON INTERVIEWED/POSITION

SIGNATURE &amp; DATE

PHONE NUMBER

INSPECTOR/POSITION

SIGNATURE &amp; DATE

PHONE NUMBER

INSPECTOR'S SUPERVISOR SIGNATURE

HEALTH DEPARTMENT AGENCY